

**ERIE COUNTY DEPARTMENT OF HEALTH
ENVIRONMENTAL HEALTH SERVICES**

**UNOCCUPIED HOME APPLICATION FOR A PROPERTY
TRANSFER EXCEPTION**

NAME(S) OF PURCHASER: _____

PROPERTY TRANSFER ADDRESS: _____

CITY/TOWN/VILLAGE: _____ **PHONE#** _____

I/WE AGREE TO ALLOW INSPECTION OF OUR PRIVATE SEWAGE AND/OR WATER WELL WITHIN 30 (THIRTY) TO 75 (SEVENTY-FIVE) DAYS (OR LONGER IF WEATHER DOES NOT PERMIT) AFTER OUR OCCUPANCY OF THE PREMISES, AND TO CORRECT ANY DEFICIENCIES OF THE WATER SUPPLY AND/OR SEWAGE DISPOSAL SYSTEM AS REQUIRED BY THE ERIE COUNTY HEALTH DEPARTMENT.

THE SANITARY CODE OF ERIE COUNTY REQUIRES THE HEALTH DEPARTMENT BE GIVEN ACCESS TO YOUR PROPERTY FOR INSPECTION OF THE SEWAGE AND/OR WELL FACILITIES.

PURCHASER(S) SIGNATURE **DATE**

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PLEASE COMPLETE AND RETURN TO:

**ERIE COUNTY HEALTH DEPARTMENT
95 FRANKLIN STREET – ROOM 906
BUFFALO, NEW YORK 14202**

Approved by: _____ **Date:** _____